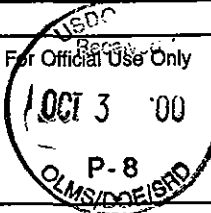


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 1 9 - 0 4 9	2. PERIOD COVERED From: MO 0 7 DAY 0 1 YEAR 1 9 9 9 Through: MO 0 6 DAY 3 0 YEAR 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
4. AFFILIATION OR ORGANIZATION NAME MARTIN MEEHLE (2) 019-049 CARPENTERS AFL-CIO 310 10 74-1 330 N MOEN RD STE 202 LIVERDALE, IL 60531 5/2000			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number 72	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.
VARIOUS	S E E A T T A C H E D S C H E D U L E

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Richard J. Zoraw</u> PRESIDENT (If other title, see instructions.) 9 27 00 (6 3 0) 3 2 5-1 5 8 4 Date Telephone Number	77. SIGNED: <u>Martin J. McHale</u> TREASURER (If other title, see instructions.) 9 27 00 (6 3 0) 3 2 5-1 5 8 4 Date Telephone Number
--	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | X | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | X | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | X | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 1 3
19. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 15.00/.60 per MO. / HR. (Month, Year, etc.)
(b) Initiation Fees	\$ 125-425
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per N/A (Month, Year, etc.)

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 9 | 0 4 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			1 9 1 4 3 6	1 7 7 3 9 2
	26. Accounts Receivable			0	0
	27. Loans Receivable	1		0	0
	28. U.S. Treasury Securities			4 9 9 9 7	4 9 9 9 7
	29. Investments	2		0	0
	30. Fixed Assets	5		3 0 4 1 7	3 3 5 3 8
	31. Other Assets	3		6 6 3	6 6 3
	32. TOTAL ASSETS			2 7 2 5 1 3	2 6 1 5 9 0
LIABILITIES	33. Accounts Payable			0	0
	34. Loans Payable	8		0	0
	35. Mortgages Payable			0	0
	36. Other Liabilities	4		9 7 9	2 1 8
	37. TOTAL LIABILITIES			9 7 9	2 1 8
	38. NET ASSETS (Item 32 less Item 37)			2 7 1 5 3 4	2 6 1 3 7 2

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 9 — 0 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 4 1 8 8 8	56. To Officers	9		4 5 3 0 5
40. Per Capita Tax			0	57. To Employees	10		1 5 2 7 5
41. Fees			3 4 0 6	58. Per Capita Tax			2 8 1 1 7
42. Fines			1 0 2 7	59. Fees, Fines, Assessments, etc.			9 8 5
43. Assessments			0	60. Office & Administrative Expense	13		1 6 2 3 1
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			1 0 0 0
46. Interest			8 0 2 4	63. Benefits	11		2 1 8 6 5
47. Dividends			0	64. Contributions, Gifts & Grants	12		4 8 2 8
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			6 1 1 2
50. Loans Obtained	8		0	67. Withholding Taxes			2 2 1 8 4
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		1 0 3 6 4
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		7 0 2 5 3	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		6 6 3 7 6
55. TOTAL RECEIPTS			2 2 4 5 9 8	74. TOTAL DISBURSEMENTS			2 3 8 6 4 2

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 1 9 | 0 4 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	0	0	0	0	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (A) </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 69 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 51 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 75 with Explanation </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 1 9 - 0 4 9

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	6 6 3
7. Total of Lines 1 through 6	6 6 3
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	2 1 8
7. Total of Lines 1 through 6	2 1 8
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 9 — 0 4 9


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)	0		0	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	0	0	0	N/A
5. Automobiles and Other Vehicles	24093	3012	21081	N/A
6. Office Furniture and Equipment	17709	5252	12457	N/A
7. Other Fixed Assets	0	0	0	N/A
8. Totals of Lines 1 through 7	41802	8264	33538	N/A
<p>Enter the Total from Line 8, Column (D) in Item 30, Column (B)</p>				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0
			7. Less Reinvestments	0
			8. Net Sales	0
<p>Enter the Total from Line 8 in Item 49</p>				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 9 — 0 4 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	24093	24093	10364
6. Totals of Lines 1 through 5	24093	24093	10364
	7. Less Reinvestments		0
	8. Net Purchases		10364
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 9 - 0 4 9.

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: M C H A L E First Name: M A R T I N Title: S E C ' Y / T R E A S U R E R Status: C		4 9 7 2 8	0	6 0 9 0	0	5 5 8 1 8
2. Last Name: V O D I C K A First Name: J A M E S Title: P R E S I D E N T Status: P		3 3 8 4	0	3 6	0	3 4 2 0
3. Last Name: G U L I N O First Name: B E N N E T T Title: V I C E P R E S I D E N T Status: C		9 3 5	0	0	0	9 3 5
4. Last Name: S M I T H S O N First Name: W I L L I A M Title: R E C . S E C Y . Status: C		8 2 5	0	0	0	8 2 5
5. Last Name: G A L L O W A Y First Name: R A Y M O N D Title: W A R D E N Status: C		4 0 0	0	0	0	4 0 0
6. Last Name: L Y N N First Name: D E N N I S Title: T R U S T E E Status: N		7 7 0	0	0	0	7 7 0
7. Last Name: M O R A N First Name: M I C H A E L Title: P R E S I D E N T Status: N		4 4 3	0	0	0	4 4 3
8. Totals from additional pages (if any)		7 7 0	0	0	0	7 7 0
9. Totals of Lines 1 through 8		5 7 2 5 5	0	6 1 2 6	0	6 3 3 8 1
			10. Less Deductions		1 8 0 7 6	
Enter the Total from Line 11 in Item 56 ➡			11. Net Disbursements		4 5 3 0 5	

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 9, - 0 4 9


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>1. O ' D O N N E L L G E R A L D I</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>S E C R E T A R Y</div> <div>N / A</div>	1 9 9 8 0	0	0	0	1 9 9 8 0
<div> <div>Last Name</div> <div>First Name</div> </div> <div>2.</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div>3.</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div>4.</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div>5.</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
6. Totals from additional pages (if any)	0	0	0	0	0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	1 9 9 8 0	0	0	0	1 9 9 8 0
<div> <div>Enter the Total from Line 10 in</div> <div>Item 57</div> </div>			<div>9. Less Deductions</div> <div>4 7 0 5</div>		
			<div>10. Net Disbursements</div> <div>1 5 2 7 5</div>		

SCHEDULE 11 — BENEFITS


FILE NUMBER: 0 1 9 — 0 4 9

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		21865
6. Total of Lines 1 through 5		21865
Enter the Total from Line 6  Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	4828
8. Total of Lines 1 through 7	4828
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	16231
8. Total of Lines 1 through 7	16231
Enter the Total from Line 8 in  Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	70253
17. Total of Lines 1 through 16	70253
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	66376
17. Total of Lines 1 through 16	66376
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
CARPENTERS LOCAL UNION NO 74-L

ENDING DATE OF PERIOD COVERED: 06-30-2000

FILE NUMBER: 019-049

PAGE 2 OF 10 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: WEBB First Name: MICHAEL Title: TRUSTEE Status: N		0	0	0	0	0
Last Name: MONTROYA First Name: MICHAEL Title: TRUSTEE Status: C		330	0	0	0	330
Last Name: JOTAUTAS First Name: ALBERTO Title: CONDUCTOR Status: C		440	0	0	0	440
Last Name: MORAN First Name: MICHAEL Title: TRUSTEE Status: P		0	0	0	0	0
Last Name: First Name: Title: Status:		0	0	0	0	0
Last Name: First Name: Title: Status:		0	0	0	0	0
Last Name: First Name: Title: Status:		0	0	0	0	0
Last Name: First Name: Title: Status:		0	0	0	0	0
Totals		770	0	0	0	770

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

FORM LM-2 - SCHEDULE "A"

CARPENTERS LOCAL UNION NO. 74-L

FILE #019-049
YEAR ENDED JUNE 30, 2000

ITEM 75 - ADDITIONAL INFORMATION (CONTINUED)

ITEM - 12 LOCAL 74-L POLITICAL ACTION COMMITTEE FUND
THIS FUND IS NOT REQUIRED TO FILE REPORTS WITH ANY STATE OR FEDERAL AGENCIES. THE FINANCIAL ACTIVITIES OF THIS FUND ARE REPORTED IN THIS LM-2 FILING.

ITEM - 13 DEPRECIATION EXPENSE:

AUTOMOBILES	\$ 4,659
FURNITURE AND EQUIPMENT	2,584
TOTAL	<u>\$ 7,243</u>

DURING THE CURRENT REPORTING PERIOD ONE (1) AUTOMOBILE WITH A COST OF \$21,966 AND A BOOK VALUE OF \$13,729 WAS TRADED-IN ON THE PURCHASE OF ONE (1) NEW AUTOMOBILE. THE TRADE-IN ALLOWANCE WAS \$13,500.

ITEM - 14 THOMAS HAVEY LLP

ITEM - 16, ITEM - 56, SCHEDULE 9 AND ITEM - 73, SCHEDULE 15
MARTIN MCMALE WAS A PART TIME OFFICER AND A FULL TIME BUSINESS REPRESENTATIVE OF THE LOCAL DURING THE YEAR ENDED JUNE 30, 2000.
EFFECTIVE JANUARY 1, 2000, ALL CARPENTER LOCAL BUSINESS REPRESENTATIVES ARE EMPLOYED BY THE CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS (DISTRICT COUNCIL). THE LOCAL REIMBURSES THE DISTRICT COUNCIL FOR SALARIES, PAYROLL TAXES AND FRINGE BENEFITS. DURING THE YEAR ENDED JUNE 30, 2000 THE LOCAL REIMBURSED THE DISTRICT COUNCIL \$57,126.
SCHEDULE 9 SALARIES FOR THE ABOVE OFFICER INCLUDES WAGES PAID TO HIM AS A FULL TIME BUSINESS REPRESENTATIVE FROM JULY 1, 1999 TO DECEMBER 31, 1999, AND AS A PART TIME OFFICER FOR THE FULL YEAR

ITEM - 56, SCHEDULE 9
IT IS NOT PRACTICABLE TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMNS (f) AND (g) HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE BASED ON ALL AVAILABLE INFORMATION. THE ALLOCATION SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.

SCHEDULE 9 - JAMES VODICKA (PRESIDENT) AND MICHAEL MORAN (TRUSTEE) RESIGNED DURING THE CURRENT REPORTING PERIOD. MICHAEL MORAN (PRESIDENT) AND MICHAEL WEBB (TRUSTEE) WERE APPOINTED TO COMPLETE THE REMAINDER OF THEIR TERM. DENNIS LYNN WAS APPOINTED TO FILL THE VACANCY OF THE THIRD TRUSTEE POSITION.

ITEM - 77 THE CONSTITUTION AND BYLAWS PROVIDE THAT THE CHIEF FINANCIAL OFFICER OF THE LOCAL IS THE FINANCIAL-SECRETARY/TREASURER

Period End Date: 06-30-2000

Page 3 of 10

SCHEDULE 3 -- OTHER ASSETS

[illegible]

Period End Date: 06-30-2000

Page 4 of 10**SCHEDULE 4 -- OTHER LIABILITIES**[illegible]

Period End Date: 06-30-2000

File Number:
Page 5 of 10

019-049

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS[illegible]

Period End Date: 06-30-2000

File Number: 019-049

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SCHEDULE 11 - BENEFITS

[illegible]

Period End Date: 06-30-2000

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Description	
1. <u>1.1</u>	
2. <u>2.1</u>	
3. <u>3.1</u>	
4. <u>4.1</u>	
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58. <u>58.1</u>	
59. <u>59.1</u>	
6	

Description (A)	Amount (B)
CIVIC & CHARITABLE	75
LABOR RELATED	3,405
FLOWERS	588
POLITICAL	760
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Contributions, gifts, & grants - other	4,828

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SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
RENT	8,907
TELEPHONE	784
MAINTENANCE EXPENSE	1,589
OFFICE SUPPLIES	905
GENERAL INSURANCE	1,162
PRINTING	1,002
COMPUTER EXPENSE	442
POSTAGE	850
ADVERTISING AND PROMOTION	590
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	16,231

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Description (A)	Amount (B)
FINANCIAL ASSISTANCE FROM CHICAGO DISTRICT COUNCIL	
OF CARPENTERS	62,253
ORGANIZING SUBSIDY FROM CHICAGO DISTRICT COUNCIL	
OF CARPENTERS	8,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	70,253

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Description (A)	Amount (B)
NONALLOCABLE MEETING EXPENSES	4,998
SALARY AND FRINGE REIMBURSEMENTS - DISTRICT COUNCIL	57,126
APPRENTICE FUND CONTRIBUTIONS	542
BUILDING TRADES CARDS AND BUTTONS	1,638
OTHER FRINGE CONTRIBUTIONS	167
MEMBER ACTIVITIES	547
DUES WITHHELD AND REMITTED	710
OTHER WITHHOLDINGS WITHHELD AND REMITTED	648
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	66,376

